

FILED FEB 24 1942

Registration District No. 701

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No.

Registrar's No.

174

756

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Little Sisters of Poor  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 15 yrs. 8 mo.  
(Specify whether years, months or days)  
In this community

3. (a) PRINT FULL NAME Mary Connors

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced S.  
6. (b) Name of husband or wife Unk. 6. (c) Age of husband or wife if alive Unk. years  
7. Birth date of deceased Unk. (Month) (Day) (Year)

8. AGE: Years 86 Months Unk. Days Unk. If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

12. Name Peter Connors

13. Birthplace Unknown (State or foreign country)

14. Maiden name Eileen Dechan

15. Birthplace Dublin (City, town, or county) (State or foreign country)

16. (a) Informant Sister Jeane

(b) Address 3225 N. Florissant Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-26-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Penney  
(b) Address 3840 Lindell Blvd.

19. (a) JAN 24 1942 (Date received local registrar) (b) J. P. Bricker (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3225 N. Florissant Ave.  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 24th. year 1942 hour 3 minute 9 M.

21. I hereby certify that I attended the deceased from Nov. 23, 1941 to Jan. 24, 1942  
that I last saw him alive on Jan. 23, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 6 months

Due to

Due to

Other conditions Arteriosclerosis; Senility  
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature Anthony A. Phekosh (M. D. or other) M.D.  
Address 1525 1/2 Cass Ave. Date signed 1/24/42

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**